Initial Approval: April 11, 2018
Revised Dates: July 11, 2018

CRITERIA FOR PRIOR AUTHORIZATION

Proton Pump Inhibitor (PPI) Step Therapy

PROVIDER GROUP   Pharmacy

MANUAL GUIDELINES   All dosage forms of the following drugs require prior authorization:
Rabeprazole (AcipHex® Sprinkles™)
Dexlansoprazole (Dexilant® SoluTab)
Esomeprazole (Nexium ®Suspension)
Esomeprazole (Esomep-EZS™)
Lansoprazole (Prevacid SoluTab®)
Omeprazole (Prilosec® Packets)
Omeprazole/sodium bicarbonate (Zegerid®)
Omeprazole/sodium bicarbonate (Zegerid® Packets)
Pantoprazole (Protonix® Packets)

CRITERIA FOR PRIOR AUTHORIZATION APPROVAL:
- The following criteria will apply for the use of alternate dosage forms, such as suspensions, granule packets and oral dissolvable formulations (must meet one of the following):
  - Infants, 1 month to 1 year of age will be granted approval for Prilosec oral suspension (packets) or Nexium oral suspension (packets); both indicated for use down to 1 month of age
  - Patient must have a documented trial and failure of or contraindication (i.e. feeding tube, dysphagia) to opening an equivalent capsule dosage form (if available) and mixing/sprinkling the contents of the capsule into applesauce for administration
    - Prescriber must provide documentation of all previous medication trials. Documentation must include the medication name(s), trial date(s) and outcome(s) of the trial (i.e. inadequate response, intolerance or contraindication).
- Zegerid
  - Patient must have experienced an inadequate response after a 90-consecutive day trial of omeprazole at an equivalent dose in the past 120-days, OR have a documented intolerance or contraindication to omeprazole.

CRITERIA FOR RENEWAL:

- Prescriber must attest that the patient has received clinical benefit from continuous treatment with the requested medication.

LENGTH OF APPROVAL: 12 months

_____   _____
DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

_____   _____
DATE   DATE